

TIMBERLINE RIM RECREATION CLUB, INC. & WATER COMPANY, INC.

2008 HOME OWNERS SURVEY AND RENTAL REGISTRATION

Name of owner(s) _____ Lot # _____

Property address: _____ City _____ State _____ Zip _____

Check here: _____ if this home is NOT A Rental Property then proceed to section 2 of this form.

Section 1: ASSIGNMENT OF OWNER PRIVILEGES TO RENTERS

This property has been rented to the following tenants(s):

For the period beginning _____ until _____, or until further notice _____. Renter's phone: _____

Property manager's name: _____ Phone: _____

As the owner(s) of the above described property, I/we do hereby relinquish to the tenants, owners' rights for the use of the following facilities as indicated below:

Lodge Rental	Yes _____	No _____
Pool	Yes _____	No _____
Issue Pool/Activities Card in the name of the tenant	Yes _____	No _____
Tennis Courts	Yes _____	No _____
Newsletter mailed to tenant	Yes _____	No _____

I /We, as owners, understand that we are responsible for the actions and omissions of our tenants and their guests, for any and all damages that occur to TIMBERLINE RIM properties, as well as their full compliance with the Covenants, By-Lays, and Rules & Regulations.

I /We, agree to hold TIMBERLINE RIM RECREATION CLUB and TIMBERLINE RIM WATER CO. harmless for any claims resulting from actions caused by tenants and/or guests of the above property. Any legal action necessary to enforce this agreement, which results in the payment of funds, will include all reasonable legal fees and expenses, as may be incurred by Timberline Rim.

I /We further understand it is the lot owner's responsibilities to have the tenants register with the office staff upon occupying the above stated property.

SIGNED this _____ Day of: _____, 200 ____.

Property Owner's Signature: _____ Co-Owner: _____

_____ Do Not Detach _____

Section 2: FOR ALL TIMBERLINE RIM HOMES: CURRENT CONTACT INFORMATION

Owners Mailing Address: _____ City _____ State _____ Zip _____

Owners Phone #'s: Home _____ Wk _____ Cell _____ Other _____

Email: _____ Fax: _____ Emergency Contact: _____

*Property is: Full Time Residence Part Time Vacation Rental Prop. No. of Occupants: _____
Y or N Y or N Y or N Y or N

*This optional information is confidential and used only in cases of emergency. Optional but helpful, water testing requirements of the Oregon Health Division are established according to a water systems population.